Discussant: Howard Degenholtz, *University of Pittsburgh, Pittsburgh, Pennsylvania, United States*

In 11/2016 Robert and Rosalie Kane began a 3-round Delphi study to re-imagine long-term care (LTC), , which took as a starting premise that LTSS in the United States fails to comport to the values and preferences of consumers. The Delphi study is "modified" from more typical Delphi designs because of 1) a sample sizes over 100, 2) an unusually broad topic--optimal LTC systems if not constrained by existing programs, financial arrangements and regulations; and 3) incorporation of new sample at each round. Round 1 asked respondents to rate and add to a list of values important to LTC< but largely was an open-ended request for respondents' ideas, Round 2 was fielded in 6/2018 with all data collection completed by 11/2018 (the delay partly due to Robert Kane's sudden death on March 6, 2017 and also the time needed to analyze, summarize and present the complex and detailed responses to the first round). Round 3, to be fielded in 4/2019., will provide participants with the ratings of values, principles and programmatic building blocks at Round Two, and the open-ended comment of respondents in explanation of their ratings. Each Round is analyzed cross-sectionally and can be considered a separate "virtual town square." Ellen McCreedy and Rosalie Kane, respectively, present quantitative and qualitative results from the first two rounds. Discussants will each comment briefly from their perspectives as 1) state LTC policy developer,2) LTC university-based researcher; 3) consumer advocate, followed by audience and presenter discussion of the implications of the findings.

QUALITATIVE FINDINGS AND THEMES IN REIMAGINING LTC: RESULTS ROUND 1 AND 2 OF THE NATIONAL DELPHI STUDY

Rosalie A. Kane,[1] and Audrey Workman[2], *1. DIvision Health Policy & Management, School of Public Health. University of Minnesota, Minneapolis, Minnesota, United States, 2. U of MN School of Public Health, Minneapolis, Minnesota, United States*

From Round 1 we developed programmatic building blocks, which we classified as: housing suggestions; services suggestions; housing and/or technology heavy suggestions; policy or regulation suggestions;new philosophical approaches; and long-range social engineering. Besides the quantitatively ratings of the importance of each building block, respondents explained what they liked and disliked about each.. They frequently commented that environments rich in design features, amenities and activities would not be practical for low-income people. Respondents felt that some ideas would not be suitable for people with dementia because they would be insufficiently protected. Principles that seemed to be incompatible could be highly endorses; e.g., the principle that we prioritize people staying in their own homes and a principle that frail elderly persons living along should relocate to group residential settings to avoid social isolation. This paper concludes with a list of areas for further discussion by work groups.

QUANTITATIVE RE-IMAGINING OF LTC : RESULTS FROM ROUNDS 1 AND 2 OF A NATIONAL DELPHI STUDY

Ellen McCreedy,[1] and Caleb Hoover[2], *1. Brown University, School of Public Health, Providence, Rhode Island, United States, 2. Hennepin County Medical Center, Mineapols, Minnesota, United States*

At Round , 110 participants answered an open text question about how they would redesign LTC if starting fresh without regulatory or financial constraints.. They also rated a list of values as to whether they were reflected in the respondents' suggestions. From analysis of Round 1 open text, principles for LTC were extracted and 20 programmatic building blockscreated. At Round 2, respondents rated the importance of the original value list (after Round 1 results were shared) and rated the principles and building blocks. This paper presents those findings and highlights inconsistencies in results: for example, both a universal LTC and a means-test benefit were endorsed. Participants preferred the term Long-Term Services and Support for the subject matter but no strong term was the favorite for service users. Alternate ways of displaying endorsement of individual items (mean value, different score cutoffs) resulted in the same most popular and least popular items.

REFLECTIONS FROM THE PERSPECTIVE OF A STATE POLICY MAKER

LaRhae Knatterud[1], *1. Minnesota Department of Human Services, St. Paul, Minnesota, United States*

From her perspective as Director of Systems Transformation, Minnesota Department of Human Services, and her role as planner and policy analyst in state agencies, this presentation briefly comment on the implications of the findings. Using thepory of disruptive innvoation, she will suggest next steps for these results.

REFLECTIONS FROM THE PERSPECTIVE OF AN ADVOCATE AND CASE MANAGER

Tracy Keibler[1], *1. APparentPlan, Eden Prairie, Minnesota, United States*

From her perspective as director of ApparentPlan, a nonprofit care agency to assist low income consumer of LTC, and as co-founder and director of the MN Long-Term Care Think Tank, an advocacy organization. Ms. Keibler will reflect on these findings and next steps.

SESSION 3245 (PAPER)

ROLES AND EXPERIENCES OF GRANDPARENTING

GRANDPARENTHOOD AND RISK OF MORTALITY: FINDINGS FROM THE HEALTH AND RETIREMENT STUDY

Lea Ellwardt,[1] Karsten Hank,[2] and Carlos F. Mendes de Leon[3], *1. University of Cologne, Cologne, Germany, North-Rhine Westphalia, Germany, 2. University of Cologne – Institute of Sociology & Social Psychology, North-Rhine Westphalia, Germany, 3. University of Michigan School of Public Health, Ann Arbor, Michigan, United States*

Grandparenthood is a significant social role for older adults and may have important health implications. Parenthood itself has been associated with some protective health effects, although findings have been mixed. Whether grandparenthood is associated with important long-term health effects such as mortality is largely unknown. This